

## HONOLULU ETHICS COMMISSION

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768
Email: ethics@honolulu.gov
Website: http://www.honolulu.gov/ethics/

## THIS SPACE FOR OFFICE USE ONLY ETHIC MISSION WED 19 OCT 14 P5:03

## **2019 REGISTRATION**

Lobbyist Registration (Type or Print Clearly)

PARTILOBBYIST						
NAME (Last) (First) (Middle)						
Michael L. Iosua						
LOBBYIST FIRM/EMPLOYER (if applicable)		TELEPHONE				
Imanaka Asato, LLLC		808-521-9500				
MAILING ADDRESS (No. and Street or P.O Box)		FAX 808-541-9050				
745 Fort Street Mall, Suite 1700		EMAIL miosua@imanaka-asato.com				
(City) Honolulu	(State) Hawaii	(Zip Code) 96813				
PART II.A ORGANIZATION						
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE				
Na Pua Makani Power Partners, LLC		562-493-7783				
MAILING ADDRESS (No. and Street or P.O. Box)		FAX				
690 Studebaker Road		EMAIL eric.pendergraft@aes.com				
(City) Long Beach	(State) California	(Zip Code) 90803				
ESTIMATED NUMBER OF MEMBERS		☐ Not Applicable				
METHODS USED BY MEMBERS TO M		☐ Not Applicable				
PART II.B NO LONGER LOBBYING						
☐ I am no longer authorized to lobby on behalf of the organization in Part II.A DATE						

NOTE: This is a public document.

Rev. 11/2018

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY						
☐Business & Economic Development	□Community Services			□Customer Services		
□Culture & Arts	□Housing			□Public Works, Infrastructure & Sustainability		
□Parks & Recreation	□Public Health, Safety & Welfare		elfare	□Tourism		
□Transportation	⊠Zoning & Planning			□Specific Legislation: □Additional Sheet(s) Attached  Bill No(Year) Reso No Admin. Rule No Dept		
□Other (indicate below):						
PART IV LOBBYIST CERTIFICATION						
Correct.  LOBBYIST SIGNATURE  10/4/2019  DATE		Th By	Subscribed and sworn to before me  This 4h day of 0ctober 2019.  By: Charles Any Official Authorized And East HS  My commission expires:  7   25   2021			
PART V AUTHORIZATION TO LOBBY  NAME  TITLE OF AUTHORIZING OFFICER OR PERSON						
Eric Pendergraft REPRESENTE						
NAME OF ORGANIZATION (if applicable)			TEL	ELEPHONE		
The AES Corporation				562-493-7855		
MAILING ADDRESS (No. and Street or P.O Box)			FAX			
690 N. Studebaker Road			EMA	EMAIL eric.pendergraft@aes.com		
(City) Long Beach	(State) California		(Zip	Zip Code) 90803		
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.						
(Signature of Authorizing Officer or Person Represented) (Date)						

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